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**Application Data Sheet**

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**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: ADVANCED THERMOPLASTICS FOR  
ORTHODONTICS  
Attorney Docket Number:: UCON/204/US  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 14  
Small Entity:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Artie
Middle Name::	J.
Family Name::	GOLDBERG
Name suffix::	
City of Residence	West Hartford
State or Province of Residence::	CT
Country of Residence::	US
Street of mailing address::	30 Berwyn Road

City of mailing address::	West Hartford
State or Province of mailing address::	CT
Country of mailing address::	US
Postal or Zip Code of mailing address::	06107
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Charles
Middle Name::	J.
Family Name::	BURSTONE
Name suffix::	
City of Residence	Farmington
State or Province of Residence::	CT
Country of Residence::	US
Street of mailing address::	252 Old Mountain Road

City of mailing address:: Farmington  
State or Province of mailing address:: CT  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 06032  
Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
Name suffix::  
City of Residence  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::

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City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 002543

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax number::

E-Mail address:: email@pctlaw.com

### **Representative Information**

Representative Customer Number:: 002543

### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This application is Non-Provisional of 60/393,791 7/3/02

## **Foreign Priority Information**

Country:: Application number:: Filing Date:: Priority Claimed::

## **Assignee Information**

Assignee name:: University of Connecticut

Street of mailing address:: 263 Farmington Avenue

City of mailing address:: Farmington

State or Province of mailing address:: CT

Country of mailing address:: US

Postal or Zip Code of mailing address:: 06030-6207

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::